

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)



Rev. Dec. 2008

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	OMB No.: 1235-0008 Expires: 02/28/2018
DELAWARE ELEVATOR, INC	2210 ALLEN DRIVE SALISBURY, MD 21801	

PAYROLL NO. 1	FOR WEEK ENDING 12/25/2015	PROJECT AND LOCATION CONST - US DIPLOMACY CENTER J06372-00019-000	PROJECT OR CONTRACT NO. 22233
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				19	20	21	22	23	24	25				FICA	WITH- HOLDING TAX	STP		OTHER		TOTAL DEDUCTIONS
				SA	SU	M	T	W	TH	F										
				HOURS WORKED EACH DAY																
(b) (6)		ELEVATOR MECHANIC	O									\$348.36								
	S				6.00					6.00	58.06	\$1,685.57	\$22.16	\$82.09	\$0.00		\$313.69	\$417.94	\$1,267.63	
(b) (6)		ELEVATOR MECHANIC-APPR 3- 60%	O									\$287.04								
	S				6.00					6.00	47.84	\$981.54	\$72.03	\$124.61	\$65.81		\$114.95	\$377.40	\$604.14	
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(over)

Date 01/01/2016

I, MISTY COFFMAN PAYROLL ADMINISTRATOR
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

DELAWARE ELEVATOR, INC

on the

(Contractor or Subcontractor)

CONST - US DIPLOMACY CENTER

; that during the payroll period commencing on the

(Building or Work)

19 day of DECEMBER, 2015, and ending the 25 day of DECEMBER, 2015,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

DELAWARE ELEVATOR, INC

from the full

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete, that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☒ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☒ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE

MISTY COFFMAN, PAYROLL
ADMINISTRATOR

SIGNATURE

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF
SUBCONTRACTOR TO CIVIL OR CRIMINAL
31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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Rev. Dec. 2008

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NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	OMB No.: 1235-0008 Expires: 02/28/2018
DELAWARE ELEVATOR, INC	2210 ALLEN DRIVE SALISBURY, MD 21801	

PAYROLL NO. 2	FOR WEEK ENDING 01/01/2016	PROJECT AND LOCATION CONST - US DIPLOMACY CENTER J06372-00019-000	PROJECT OR CONTRACT NO. 22233
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK
				26	27	28	29	30	31	I				FICA	WITH- HOLDING TAX	SIT		OTHER	TOTAL DEDUCTIONS	
				S	SU	M	T	W	TH	F										
				HOURS WORKED EACH DAY																
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Public Burden Statement

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(over)

Date 01/11/2016

I, MISTY COFFMAN PAYROLL ADMINISTRATOR
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

DELAWARE ELEVATOR, INC

(Contractor or Subcontractor)

on the

CONST - US DIPLOMACY CENTER

(Building or Work)

26 day of DECEMBER, 2015, and ending the 1 day of JANUARY, 2016

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

DELAWARE ELEVATOR, INC

(Contractor or Subcontractor)

from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☒ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☒ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NO WORK
PERFORMED

NAME AND TITLE

MISTY COFFMAN, PAYROLL
ADMINISTRATOR

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.



U.S. Department of Labor
Wage and Hour Division

PAYROLL

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Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	OMB No.: 1235-0008 Expires: 02/28/2018
DELAWARE ELEVATOR, INC	2210 ALLEN DRIVE SALISBURY, MD 21801	
PAYROLL NO. 3	FOR WEEK ENDING 01/08/2016	PROJECT AND LOCATION CONST - US DIPLOMACY CENTER J06372-00019-000
		PROJECT OR CONTRACT NO. 22233

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK
				2	3	4	5	6	7	8				FICA	WITH- HOLDING TAX	SIT		OTHER	TOTAL DEDUCTIONS	
				S	SU	M	T	W	TH	F										
(b) (6)		ELEVATOR MECHANIC	O									\$1,857.92								
			S			10.00	11.00	11.00			32.00	58.06	\$2,973.28	\$211.65	\$296.20	\$0.00		\$474.03	\$981.88	\$1,991.40
(b) (6)		ELEVATOR MECHANIC-APPR 3- 60%	O									\$1,530.88								
			S			10.00	11.00	11.00			32.00	47.84	\$2,429.28	\$181.26	\$464.30	\$170.78		\$232.91	\$1,049.25	\$1,380.03
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Public Burden Statement

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(over)

Date 01/18/2016

I, MISTY COFFMAN PAYROLL ADMINISTRATOR
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

DELAWARE ELEVATOR, INC on the
(Contractor or Subcontractor)

CONST - US DIPLOMACY CENTER; that during the payroll period commencing on the
(Building or Work)

2 day of JANUARY, 2016, and ending the 8 day of JANUARY, 2016.

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

DELAWARE ELEVATOR, INC from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☒ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE
MISTY COFFMAN, PAYROLL
ADMINISTRATOR

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 1011 OF TITLE
31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

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E-MAILED

2/12/16 mc



U.S. Wage and Hour Division

Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	OMB No.: 1235-0008 Expires: 02/28/2018
DELAWARE ELEVATOR, INC	2210 ALLEN DRIVE SALISBURY, MD 21801	

PAYROLL NO. 4	FOR WEEK ENDING 01/15/2016	PROJECT AND LOCATION CONST - US DIPLOMACY CENTER J06372-00019-000	PROJECT OR CONTRACT NO. 22233
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK
				9	10	11	12	13	14	15				FICA	WITH- HOLDING TAX	SIT	MEDI	OTHER	TOTAL DEDUCTIONS	
				S	SU	M	T	W	TH	F										
				HOURS WORKED EACH DAY																
(b) (6)		ELEVATOR MECHANIC	O										\$1,945.01							
	S				11.00	11.00	3.00	8.50		33.50	58.06	\$2,633.22	\$151.29	\$218.66		\$35.38	\$438.13	\$843.46	\$1,789.76	
(b) (6)		ELEVATOR MECHANIC <i>Appr 3 - 60070</i>	O										\$1,602.64							
	S				11.00	11.00	3.00	8.50		33.50	47.84	\$2,100.04	\$126.48	\$379.49	\$146.15	\$29.58	\$203.85	\$885.55	\$1,214.49	
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(over)

Date 1/25/2016

I, MISTY COFFMAN PAYROLL ADMINISTRATOR
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

DELAWARE ELEVATOR, INC

(Contractor or Subcontractor) on the

CONST - US DIPLOMACY CENTER

(Building or Work); that during the payroll period commencing on the

9 day of JANUARY, 2016, and ending the 15 day of JANUARY, 2016,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

DELAWARE ELEVATOR, INC

(Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☒ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☒ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE

MISTY COFFMAN, PAYROLL
ADMINISTRATOR

THE WILLFUL FALSIFICATION OF ANY OF THE
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
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U.S. Department of Labor
Wage and Hour Division

PAYROLL

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Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	ADDRESS	OMB No.: 1235-0008 Expires: 02/28/2018
DELAWARE ELEVATOR, INC	2210 ALLEN DRIVE SALISBURY, MD 21801	

PAYROLL NO. 5	FOR WEEK ENDING 01/22/2016	PROJECT AND LOCATION CONST - US DIPLOMACY CENTER J06372-00019-000	PROJECT OR CONTRACT NO. 22233
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	{8} DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				16	17	18	19	20	21	22				FICA	WITH- HOLDING TAX	SIT	MEDI	OTHER		TOTAL DEDUCTIONS
				S	SU	M	T	W	TH	F										
				HOURS WORKED EACH DAY																
) [REDACTED]		ELEVATOR MECHANIC	O										\$2,322.40							
			S			11.00	10.00	11.00	8.00		40.00	58.06		\$2,518.90	\$145.48	\$197.59		\$34.02	\$427.81	\$804.90
) [REDACTED]		ELEVATOR MECHANIC <i>Appr 3 2020</i>	O										\$1,913.60							
			S			11.00	10.00	11.00	8.00		40.00	47.84		\$2,041.60	\$122.86	\$364.44	\$141.88	\$28.73	\$197.82	\$855.73
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While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(over)

Date 02/01/2016

I, MISTY COFFMAN PAYROLL ADMINISTRATOR
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

DELAWARE ELEVATOR, INC

(Contractor or Subcontractor) on the

CONST - US DIPLOMACY CENTER

(Building or Work)

16 day of JANUARY, 2016, and ending the 22 day of JANUARY, 2016

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

DELAWARE ELEVATOR, INC

from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS



— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH



— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE

MISTY COFFMAN, PAYROLL
ADMINISTRATOR

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION
31 OF THE UNITED STATES CODE.

(b) (6)

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)



Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS		OMB No.: 1235-0008 Expires: 02/28/2018	
DELAWARE ELEVATOR, INC		2210 ALLEN DRIVE SALISBURY, MD 21801			
PAYROLL NO. 6	FOR WEEK ENDING 01/29/2016	PROJECT AND LOCATION CONST - US DIPLOMACY CENTER J06372-00019-000		PROJECT OR CONTRACT NO. 22233	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK
				23	24	25	26	27	28	29				FICA	WITH- HOLDING TAX	SIT	MEDI	OTHER	TOTAL DEDUCTIONS	
				S	SU	M	T	W	TH	F										
				HOURS WORKED EACH DAY																
(b) (6)		ELEVATOR MECHANIC	O										\$1,509.56							
			S			0.00	0.00	10.00	10.00	6.00	26.00	58.06		\$1,973.31	\$112.74	\$122.34		\$26.37	\$369.73	\$631.18
(b) (6)		ELEVATOR MECHANIC <i>Appr 3 16.50</i>	O										\$1,243.84							
			S			0.00	0.00	10.00	10.00	6.00	26.00	47.84		\$1,518.59	\$90.29	\$242.82	\$103.46	\$21.12	\$152.06	\$609.75
			O																	
			S																	
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			S																	

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

Date 02/08/2016

I, MISTY COFFMAN PAYROLL ADMINISTRATOR
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

DELAWARE ELEVATOR, INC

(Contractor or Subcontractor) on the

CONST - US DIPLOMACY CENTER

(Building or Work); that during the payroll period commencing on the

23 day of JANUARY, 2016, and ending the 29 day of JANUARY, 2016,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

DELAWARE ELEVATOR, INC

(Contractor or Subcontractor) from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☒ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☒ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NAME AND TITLE

MISTY COFFMAN, PAYROLL
ADMINISTRATOR

THE WILLFUL FALSIFICATION OF ANY OF THE
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.

PAYROLL

 **E-MAILED**
3/18/16 *one*

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017		ADDRESS 2210 Allen Drive Salisbury, MD 21801	
PAYROLL NO. 7		FOR WEEK ENDING 02/05/2016		PROJECT AND LOCATION CONST - US DIPLOMACY CENTER 21ST AND VIRGINIA STANDARD-Con	
				PROJECT OR CONTRACT NO. 22233	

(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							AVENUE SW (5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						
			30 Sa	31 Su	1 M	2 Tu	3 W	4 Th	5 F				FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES	
			HOURS WORKED EACH DAY																
(b) (6)	0	C.CON DC - Vilkas, John <i>Appx 3.60 hr</i> Elevator Mechanic	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$502.32	\$132.83	\$307.19	\$123.93	\$181.93	\$745.88	\$1,050.34
			s	0.00	0.00	0.00	0.00	10.50	0.00	0.00	10.50	\$47.84	\$1,796.22						
	8	C.CON DC - Mudge, Dave Elevator Mechanic	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$609.63	\$174.36	\$188.02	\$0.00	\$420.41	\$782.79	\$1,708.50
			s	0.00	0.00	0.00	0.00	10.50	0.00	0.00	10.50	\$58.06	\$2,491.29						

STATEMENT OF COMPLIANCE

Date:

FEB 15 2016

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 30 day of January, 2016 and ending the 5 day of the February, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE

Misty Coffman Payroll Administrator

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS IS A VIOLATION OF THE CONTRACT AND IS SUBJECT TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

 E-MAILED
3/18/16 me

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017		ADDRESS 2210 Allen Drive Salisbury, MD 21801															
PAYROLL NO. 8		FOR WEEK ENDING 02/12/2016		PROJECT AND LOCATION CONST - US DIPLOMACY CENTER 21ST AND VIRGINIA STANDARD-Con															
PROJECT OR CONTRACT NO. 22233																			
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						
			6	7	8	9	10	11	12				FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES	
			Sa	Su	M	Tu	W	Th	F										
(b) (6)	0	C.CON DC - Vilkas, John	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$1,435.20	\$146.63	\$348.73	\$137.14	\$193.66	\$826.16	\$1,150.65
		Apr 3 - 60910 Elevator Mechanic	s	0.00	0.00	0.00	11.00	11.00	0.00	8.00	30.00	\$47.84	\$1,976.81						
	8	C.CON DC - Mudge, Dave	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$1,741.80	\$178.17	\$195.11	\$0.00	\$425.90	\$799.18	\$1,802.23
		Elevator Mechanic	s	0.00	0.00	0.00	11.00	11.00	0.00	8.00	30.00	\$58.06	\$2,601.41						

STATEMENT OF COMPLIANCE

Date:

FEB 22 2016

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 6 day of February, 2016 and ending the 12 day of the February, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

____ Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	


NAME AND TITLE

Misty Coffman Payroll Administrator

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE BY A SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION TITLE 31 OF THE UNITED STATES CODE.

(b) (6)

PAYROLL

 **E-MAILED**
3.15.16 *me*

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017		ADDRESS 2210 Allen Drive Salisbury, MD 21801	
PAYROLL NO. <i>9</i>		FOR WEEK ENDING 02/19/2016		PROJECT AND LOCATION CONST - US DIPLOMACY CENTER 21ST AND VIRGINIA STANDARD-Con	
				PROJECT OR CONTRACT NO. 22233	

(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							AVENUE SW (5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					
			13	14	15	16	17	18	19				FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES
			Sa	Su	M	Tu	W	Th	F									
(b) (6)	0	C.CON DC - Vilkas, John	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$1,913.60	\$151.59	\$364.44	\$141.88	\$197.82	\$855.73	\$1,185.87
		<i>Appr 3-6096</i> Elevator Mechanic	s	0.00	0.00	11.00	11.00	10.00	8.00	0.00	40.00	\$47.84	\$2,041.60					
	8	C.CON DC - Mudge, Dave	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$2,322.40	\$179.50	\$197.59	\$0.00	\$427.81	\$804.90	\$1,711.50
		Elevator Mechanic	s	0.00	0.00	11.00	11.00	10.00	8.00	0.00	40.00	\$58.06	\$2,516.40					

STATEMENT OF COMPLIANCE

Date:

FEB 29 2016

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 13 day of February, 2016 and ending the 19 day of the February, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE

Misty Coffman Payroll Administrator

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS BY A SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 101 OF TITLE 31 OF THE UNITED STATES CODE.

(b) (6)

PAYROLL



E-MAILED
3.18.16 me

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017		ADDRESS 2210 Allen Drive Salisbury, MD 21801														
PAYROLL NO. <i>10</i>		FOR WEEK ENDING 02/26/2016		PROJECT AND LOCATION CONST - US DIPLOMACY CENTER 21ST AND VIRGINIA STANDARD-Con														
				PROJECT OR CONTRACT NO. 22233														
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							AVENUE SV (5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					
			20 Sa	21 Su	22 M	23 Tu	24 W	25 Th	26 F				FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES
			HOURS WORKED EACH DAY															
(b) (6)	0	C.CON DC - Vilkas, John <i>App-3 - 6000</i> Elevator Mechanic	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$1,794.00	\$139.85	\$328.30	\$130.64	\$182.47	\$781.26	\$1,106.74
		S	0.00	0.00	11.00	11.00	11.00	4.50	0.00	37.50	\$47.84	\$1,888.00						
	8	C.CON DC - Mudge, Dave Elevator Mechanic	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$2,177.25	\$163.28	\$167.36	\$0.00	\$404.48	\$735.12	\$1,762.13
		S	0.00	0.00	11.00	11.00	11.00	4.50	0.00	37.50	\$58.06	\$2,497.25						

STATEMENT OF COMPLIANCE

Date:

MAR 07 2016

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 20 day of February, 2016 and ending the 26 day of the February, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NAME AND TITLE
Misty Coffman Payroll Administrator

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS IS A VIOLATION OF THE FEDERAL ACQUISITION REGULATION (FAR) SECTION 101-11.6, WHICH IS A VIOLATION OF TITLE 31 OF THE UNITED STATES CODE.

(b) (6)

PAYROLL

 **E-MAILED**
3.18.16 me

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017		ADDRESS 2210 Allen Drive Salisbury, MD 21801	
PAYROLL NO. 11		FOR WEEK ENDING 03/04/2016		PROJECT AND LOCATION CONST - US DIPLOMACY CENTER 21ST AND VIRGINIA STANDARD-Con	
				PROJECT OR CONTRACT NO. 22233	

(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					
			HOURS WORKED EACH DAY										FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES
			27 Sa	28 Su	29 M	1 Tu	2 W	3 Th	4 F									
(b) (6)	0	C.CON DC - Vilkas, John <i>Apr 3 600916</i> Elevator Mechanic	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$550.16	\$71.34	\$122.37	\$65.16	\$107.10	\$365.97	\$626.69
			s	0.00	0.00	11.50	0.00	0.00	0.00	0.00	11.50	\$47.84	\$992.66					
	8	C.CON DC - Mudge, Dave Elevator Mechanic	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$667.69	\$127.24	\$100.24	\$0.00	\$352.65	\$580.13	\$1,255.56
			s	0.00	0.00	11.50	0.00	0.00	0.00	0.00	11.50	\$58.06	\$1,835.69					

STATEMENT OF COMPLIANCE

Date:

MAR 14 2016

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 27 day of February, 2016 and ending the 4 day of the March, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE

Misty Coffman Payroll Administrator

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE IS A VIOLATION OF THE FEDERAL ACQUISITION REGULATION (FAR) AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		DELaware ELEVATOR, INC		ADDRESS 2210 ALLEN DRIVE SALISBURY, MD 21801		OMB No.: 1235-0008 Expires: 02/28/2018	
PAYROLL NO. 12		FOR WEEK ENDING 03/11/2016		PROJECT AND LOCATION CONST - US DIPLOMACY CENTER STANDARD-CON		PROJECT OR CONTRACT NO. 22233	

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK
				5	6	7	8	9	10	11				FICA	WITH- HOLDING TAX	SIT	MEDI	OTHER	TOTAL DEDUCTIONS	
				S	SU	M	T	W	TH	F										
			O										/							
			S																	
			O										/							
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			S																	
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			S																	

**NO WORK
PERFORMED**

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 03/21/2016

I, MISTY COFFMAN PAYROLL ADMINISTRATOR
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

DELAWARE ELEVATOR, INC

on the

(Contractor or Subcontractor)

CONST - US DIPLOMACY CENTER

(Building or Work)

5 day of MARCH, 2016, and ending the 11 day of MARCH, 2016,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

DELAWARE ELEVATOR, INC

from the full

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS



— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH



— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

**NO WORK
PERFORMED**

NAME AND TITLE

MISTY COFFMAN, PAYROLL
ADMINISTRATOR

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017		ADDRESS 2210 Allen Drive Salisbury, MD 21801															
PAYROLL NO. 13		FOR WEEK ENDING 03/18/2016		PROJECT AND LOCATION CONST - US DIPLOMACY CENTER 21ST AND VIRGINIA STANDARD-Con															
				PROJECT OR CONTRACT NO. 22233															
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						
			12 Sa	13 Su	14 M	15 Tu	16 W	17 Th	18 F				FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES	
(b) (6)	0	C.CON DC - Vilkas, John								0.00	\$0.00	\$191.36	\$150.31	\$360.13	\$140.65	\$194.10		\$845.19	\$1,179.69
		Elevator Mechanic								4.00	\$47.84	\$2,024.88							
	8	C.CON DC - Mudge, Dave								0.00	\$0.00	\$232.24	\$176.97	\$192.86	\$0.00	\$424.16		\$793.99	\$1,707.72
		Elevator Mechanic								4.00	\$58.06	\$2,501.71							

STATEMENT OF COMPLIANCE

Date: **MAR 28 2016**

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by **Delaware Elevator, Inc.** on the **CONST - US DIPLOMACY CENTER** that during the payroll period commencing on the **12** day of **March, 2016** and ending the **18** day of the **March, 2016**, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NAME AND TITLE

Misty Coffman Payroll Administrator

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE INFORMATION MAY CONSTITUTE A VIOLATION OF THE FEDERAL ACQUISITION REGULATION (FAR) AND MAY SUBJECT THE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017		ADDRESS 2210 Allen Drive Salisbury, MD 21801															
PAYROLL NO. 14		FOR WEEK ENDING 03/25/2016		PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con															
				PROJECT OR CONTRACT NO. 22233															
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						
			19 Sa	20 Su	21 M	22 Tu	23 W	24 Th	25 F				FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES	
			HOURS WORKED EACH DAY																
GILBANE BUILDING COMPANY NO ACTIVITY	0	Elevator Mechanic	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00						
			s	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00					

NO WORK
PERFORMED

STATEMENT OF COMPLIANCE

Date:

APR 04 2016

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 19 day of March, 2016 and ending the 25 day of the March, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NO WORK
PERFORMED

NAME AND TITLE

Misty Coffman Payroll Administrator

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS IS A VIOLATION OF THE CONTRACT AND IS SUBJECT TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.				TAX ID: 52-1193017				ADDRESS 2210 Allen Drive Salisbury, MD 21801												
PAYROLL NO. 15				FOR WEEK ENDING 04/01/2016				PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con				PROJECT OR CONTRACT NO. 22233								
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS							
			26 Sa	27 Su	28 M	29 Tu	30 W	31 Th	1 F											
			HOURS WORKED EACH DAY																	
(b) (6)	0	C.CON DC - Vilkas, John Appr 3-60070	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$478.40	FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES		
			s	0.00	0.00	0.00	10.00	0.00	0.00	0.00	10.00		\$47.84	\$1,979.54	\$146.84	\$349.36			\$137.34	\$189.79
		C.CON DC - Mudge, Dave	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$580.60	FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES
			s	0.00	0.00	0.00	10.00	0.00	0.00	0.00	10.00	\$58.06	\$2,416.16		\$171.65	\$182.95	\$0.00	\$416.52		

STATEMENT OF COMPLIANCE

Date: **APR 11 2016**

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 26 day of March, 2016 and ending the 1 day of the April, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NAME AND TITLE
Misty Coffman Payroll Administrator

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE INFORMATION IS A VIOLATION OF THE FEDERAL ACQUISITION REGULATION (FAR) SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017		ADDRESS 2210 Allen Drive Salisbury, MD 21801															
PAYROLL NO. <i>16</i>		FOR WEEK ENDING 04/08/2016		PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con															
				PROJECT OR CONTRACT NO. 22233															
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE								(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					
			HOURS WORKED EACH DAY											FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES
			2 Sa	3 Su	4 M	5 Tu	6 W	7 Th	8 F										
(b) (6)	0	C.CON DC - Vilkas, John <i>Appr 3-60%</i> Elevator Mechanic	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$287.04	\$151.71	\$364.83	\$141.99	\$195.21	\$853.74	\$1,189.38
			s	0.00	0.00	0.00	0.00	0.00	6.00	0.00	6.00	\$47.84	\$2,043.12						
	8	C.CON DC - Mudge, Dave Elevator Mechanic	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$348.36	\$177.20	\$193.29	\$0.00	\$424.50	\$794.99	\$2,080.24
			s	0.00	0.00	0.00	0.00	0.00	6.00	0.00	6.00	\$58.06	\$2,875.23						

STATEMENT OF COMPLIANCE

Date:

APR 18 2016

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 2 day of April, 2016 and ending the 8 day of the April, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NAME AND TITLE

Misty Coffman Payroll Administrator

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> DELAWARE ELEVATOR, INC	ADDRESS 2210 ALLEN DRIVE SALISBURY, MD 21801	OMB No.: 1235-0008 Expires: 02/28/2018
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PAYROLL NO. 17	FOR WEEK ENDING 04/15/2016	PROJECT AND LOCATION CONST - US DIPLOMACY CENTER STANDARD-CON	PROJECT OR CONTRACT NO. 22233
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK	
				9	10	11	12	13	14	15				FICA	WITH- HOLDING TAX	SIT	MEDI	OTHER		TOTAL DEDUCTIONS
				S	SU	M	T	W	TH	F										
				HOURS WORKED EACH DAY																
			O																	
			S																	
			O																	
			S																	
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NO WORK
PERFORMED

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

Date 04/25/2016

I, MISTY COFFMAN PAYROLL ADMINISTRATOR
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

DELAWARE ELEVATOR, INC

on the

(Contractor or Subcontractor)

CONST - US DIPLOMACY CENTER

(Building or Work)

; that during the payroll period commencing on the
9 day of APRIL, 2016, and ending the 15 day of APRIL, 2016,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

DELAWARE ELEVATOR, INC

from the full

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS



— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH



— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NO WORK
PERFORMED

NAME AND TITLE

MISTY COFFMAN, PAYROLL
ADMINISTRATOR

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE BY A
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.

(b) (6)

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017		ADDRESS 2210 Allen Drive Salisbury, MD 21801															
PAYROLL NO. 18		FOR WEEK ENDING 04/22/2016		PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con															
				PROJECT OR CONTRACT NO. 22233															
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						
			16 Sa	17 Su	18 M	19 Tu	20 W	21 Th	22 F				FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES	
			HOURS WORKED EACH DAY																
GILBANE BUILDING COMPANY NO ACTIVITY	0	Elevator Mechanic	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00						
			S	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00					

NO WORK
PERFORMED

STATEMENT OF COMPLIANCE

Date:

MAY 02 2016

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 16 day of April, 2016 and ending the 22 day of the April, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NO WORK
PERFORMED

NAME AND TITLE

Misty Coffman Payroll Administrator

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS IS A VIOLATION OF THE CONTRACT AND MAY BE CAUSE FOR THE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017				ADDRESS 2210 Allen Drive Salisbury, MD 21801													
PAYROLL NO. 19		FOR WEEK ENDING 04/29/2016				PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con				PROJECT OR CONTRACT NO. 22233									
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE <div style="background-color: black; color: red; padding: 5px;">(b) (6)</div>	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						
			23 Sa	24 Su	25 M	26 Tu	27 W	28 Th	29 F				FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES	
			HOURS WORKED EACH DAY																
			o	s	o	s	o	s	o										
	0	C.CON DC - Vilkas, John Appr 4- 65% Elevator Mechanic	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$1,306.76	\$152.33	\$366.93	\$142.59	\$197.91	\$859.76	\$1,191.53
			s	0.00	0.00	8.00	10.50	0.00	7.50	0.00	26.00	\$50.26	\$2,051.29						
	8	C.CON DC - Mudge, Dave Elevator Mechanic	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$1,509.56	\$173.67	\$186.72	\$0.00	\$419.42	\$779.81	\$1,686.09
			s	0.00	0.00	8.00	10.50	0.00	7.50	0.00	26.00	\$58.06	\$2,465.90						

STATEMENT OF COMPLIANCE

Date: **MAY 09 2016**

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by **Delaware Elevator, Inc.** on the **CONST - US DIPLOMACY CENTER** that during the payroll period commencing on the **23** day of **April, 2016** and ending the **29** day of the **April, 2016**, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS , FUNDS, OR PROGRAMS:

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

____ Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE
Misty Coffman Payroll Administrator

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE BY A SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017				ADDRESS 2210 Allen Drive Salisbury, MD 21801													
PAYROLL NO. 20		FOR WEEK ENDING 05/06/2016				PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con				PROJECT OR CONTRACT NO. 22233									
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						
			HOURS WORKED EACH DAY										FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES	
			30	1	2	3	4	5	6										
			Sa	Su	M	Tu	W	Th	F										
(b) (6)	0	C.CON DC - Vilkas, John APPR 4-65% Elevator Mechanic	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$452.34	\$82.11	\$154.73	\$75.45	\$124.82	\$437.11	\$696.23	
			S	0.00	0.00	9.00	0.00	0.00	0.00	0.00	9.00	\$50.26	\$1,133.34						
		C.CON DC - Mudge, Dave Elevator Mechanic	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$522.54	\$137.06	\$118.52	\$0.00	\$366.78	\$622.36	\$1,366.74
			S	0.00	0.00	9.00	0.00	0.00	0.00	0.00	9.00	\$58.06	\$1,989.10						

STATEMENT OF COMPLIANCE

Date: MAY 16 2016

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 30 day of April, 2016 and ending the 6 day of the May, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE	(b) (6)
Misty Coffman Payroll Administrator	
THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE BY ANY EMPLOYEE OF A SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 TITLE 31 OF THE UNITED STATES CODE.	

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS	
DELAWARE ELEVATOR, INC		2210 ALLEN DRIVE SALISBURY, MD 21801	
PAYROLL NO. 21		FOR WEEK ENDING 05/13/2016	PROJECT AND LOCATION CONST - US DIPLOMACY CENTER STANDARD-CON
			PROJECT OR CONTRACT NO. 22233

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK
				07	08	09	10	11	12	13				FICA	WITH- HOLDING TAX	SIT	MEDI	OTHER	TOTAL DEDUCTIONS	
				S	SU	M	T	W	TH	F										
				HOURS WORKED EACH DAY																
			O																	
			S																	
			O																	
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			S																	

NO WORK PERFORMED

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 05/23/2016

I, MISTY COFFMAN PAYROLL ADMINISTRATOR
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

DELAWARE ELEVATOR, INC

(Contractor or Subcontractor)

on the

CONST - US DIPLOMACY CENTER

(Building or Work)

7 day of MAY, 2016, and ending the 13 day of MAY, 2016,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

DELAWARE ELEVATOR, INC

(Contractor or Subcontractor)

from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☒ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☒ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NO WORK PERFORMED

NAME AND TITLE

MISTY COFFMAN, PAYROLL
ADMINISTRATOR

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION
31 OF THE UNITED STATES CODE.

(b) (6)

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.				TAX ID: 52-1193017				ADDRESS 2210 Allen Drive Salisbury, MD 21801											
PAYROLL NO. 22				FOR WEEK ENDING 05/20/2016				PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con				PROJECT OR CONTRACT NO. 22233							
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						
			14 Sa	15 Su	16 M	17 Tu	18 W	19 Th	20 F				FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES	
			HOURS WORKED EACH DAY																
GILBANE BUILDING COMPANY NO ACTIVITY	0	Elevator Mechanic	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00						
			S	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00					

NO WORK PERFORMED

STATEMENT OF COMPLIANCE

Date: **MAY 30 2016**

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by **Delaware Elevator, Inc.** on the **CONST - US DIPLOMACY CENTER** that during the payroll period commencing on the **14** day of **May, 2016** and ending the **20** day of the **May, 2016**, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NO WORK PERFORMED

NAME AND TITLE

Misty Coffman Payroll Administrator

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231
TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.				TAX ID: 52-1193017				ADDRESS 2210 Allen Drive Salisbury, MD 21801											
PAYROLL NO. 23				FOR WEEK ENDING 05/27/2016				PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con				PROJECT OR CONTRACT NO. 22233							
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							AVENUE SW (5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						
			21 Sa	22 Su	23 M	24 Tu	25 W	26 Th	27 F				FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES	
			HOURS WORKED EACH DAY																
GILBANE BUILDING COMPANY NO ACTIVITY	0	Elevator Mechanic	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00						
			S	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00							

NO WORK PERFORMED

STATEMENT OF COMPLIANCE

Date: JUN 06 2016

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 21 day of May, 2016 and ending the 27 day of the May, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NO WORK PERFORMED

NAME AND TITLE

Misty Coffman Payroll Administrator

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> <div style="text-align: center;">DELAWARE ELEVATOR, INC</div>	ADDRESS 2210 ALLEN DRIVE SALISBURY, MD 21801 OMB No.: 1235-0008 Expires: 02/28/2018
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PAYROLL NO. 24	FOR WEEK ENDING 06/03/2016	PROJECT AND LOCATION CONST - US DIPLOMACY CENTER STANDARD-CON	PROJECT OR CONTRACT NO. 22233
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK
				28	29	30	31	01	02	03				FICA	WITH- HOLDING TAX	SIT	MEDI	OTHER	TOTAL DEDUCTIONS	
				S	SU	M	T	W	TH	F										
				HOURS WORKED EACH DAY																
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NO WORK PERFORMED

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 06/13/2016

I, MISTY COFFMAN PAYROLL ADMINISTRATOR
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

DELAWARE ELEVATOR, INC

(Contractor or Subcontractor)

on the

CONST - US DIPLOMACY CENTER

(Building or Work)

; that during the payroll period commencing on the

28 day of MAY, 2016, and ending the 3 day of JUNE, 2016,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

DELAWARE ELEVATOR, INC

(Contractor or Subcontractor)

from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS



— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH



— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NO WORK PERFORMED

NAME AND TITLE

MISTY COFFMAN, PAYROLL
ADMINISTRATOR

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE S
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION
31 OF THE UNITED STATES CODE.

(b) (6)

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.				TAX ID: 52-1193017				ADDRESS 2210 Allen Drive Salisbury, MD 21801											
PAYROLL NO. 25				FOR WEEK ENDING 06/10/2016				PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con				PROJECT OR CONTRACT NO. 22233							
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						
			4	5	6	7	8	9	10				FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES	
			Sa	Su	M	Tu	W	Th	F										
GILBANE BUILDING COMPANY NO ACTIVITY	0	Elevator Mechanic	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00						
			S	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00							

NO WORK PERFORMED

STATEMENT OF COMPLIANCE

Date: JUN 20 2016

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 4 day of June, 2016 and ending the 10 day of the June, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NO WORK PERFORMED

NAME AND TITLE

Misty Coffman Payroll Administrator

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION - SEE SECTION 1001 OF TITLE 18 AND SECTION 2381 TITLE 31 OF THE UNITED STATES CODE.